

<i>SERFF Tracking Number:</i>	<i>PRGS-125905775</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L080924-AR-AU-A/D</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto</i>		
<i>Project Name/Number:</i>	<i>Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D</i>		

## Filing at a Glance

Companies: Progressive Casualty Insurance Company, Progressive Classic Insurance Company, Progressive Direct Insurance Company, Progressive Northwestern Insurance Company, Progressive Specialty Insurance Company, United Financial Casualty Company

Product Name: Personal Auto	SERFF Tr Num: PRGS-125905775	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: L080924-AR-AU-A/D	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: Pdpq 4	Disposition Date: 12/11/2008
	Date Submitted: 12/10/2008	Disposition Status: Approved
Effective Date Requested (New): 03/18/2009		Effective Date (New): 03/18/2009
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Pet Injury Coverage Endorsement - Form Z538 (10/08)	Status of Filing in Domicile: Pending
Project Number: L080924-AR-AU-A/D	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/11/2008	
State Status Changed: 12/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Pet Injury Coverage Endorsement - Form Z538 (10/08) will replace the Pet Injury Coverage Endorsement - Form Z538 (05/07) that was approved for use on July 19, 2007, under your file # AR-PC-07-025460. The key changes to the endorsement are: 1) coverage is being increased from \$500 to \$1000, 2) the amount of the death benefit is \$1,000, regardless of the actual replacement cost of the pet; 3) coverage is being extended to stolen pets if the pet is inside a covered vehicle during the vehicle's theft; and 4) once the endorsement is added to a policy by purchasing Collision

<i>SERFF Tracking Number:</i>	<i>PRGS-125905775</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto</i>		
<i>Project Name/Number:</i>	<i>Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D</i>		

coverage, Pet Injury coverage will apply if the underlying loss is covered under Collision or Comprehensive coverage. A comparison document has been included to assist you in your review.

## Company and Contact

### Filing Contact Information

Jeanine M. Duda, Policy Form Specialist Corporate Law Department Mayfield Village, OH 44143	Jeanine_M_Duda@progressive.com (440) 395-3756 [Phone] (440) 395-3790[FAX]
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### Filing Company Information

Progressive Casualty Insurance Company 6300 Wilson Mills Road Mayfield Village, OH 44143 (440) 461-5000 ext. [Phone]	CoCode: 24260 Group Code: 155 Group Name: FEIN Number: 34-6513736 -----	State of Domicile: Ohio Company Type: State ID Number:
Progressive Classic Insurance Company c/o CT Corporation Systems  8025 Excelsior Dr, # 200 Madison, WI 53717 (608) 833-4821 ext. [Phone]	CoCode: 42994 Group Code: 155  Group Name: FEIN Number: 39-1453002 -----	State of Domicile: Wisconsin Company Type: Property and Casualty  State ID Number:
Progressive Direct Insurance Company 6300 Wilson Mills Rd, N72 Cleveland, OH 44143 (440) 461-5000 ext. [Phone]	CoCode: 16322 Group Code: 155 Group Name: FEIN Number: 34-1524319 -----	State of Domicile: Ohio Company Type: State ID Number:
Progressive Northwestern Insurance Company 6300 Wilson Mills Road Mayfield Village, OH 44143 (440) 461-5000 ext. [Phone]	CoCode: 42919 Group Code: 155 Group Name: FEIN Number: 91-1187829 -----	State of Domicile: Ohio Company Type: State ID Number:
Progressive Specialty Insurance Company 6300 Wilson Mills Road Mayfield Village, OH 44143	CoCode: 32786 Group Code: 155 Group Name:	State of Domicile: Ohio Company Type: State ID Number:

SERFF Tracking Number: PRGS-125905775 State: Arkansas  
First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: L080924-AR-AU-A/D  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto  
Project Name/Number: Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D

(440) 461-5000 ext. [Phone]

FEIN Number: 34-1172685

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United Financial Casualty Company

CoCode: 11770

State of Domicile: Ohio

6300 Wilson Mills Rd, N72

Group Code: 155

Company Type:

Mayfield Village, OH 44143-2182

Group Name:

State ID Number:

(440) 461-5000 ext. [Phone]

FEIN Number: 36-3298008

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SERFF Tracking Number: PRGS-125905775 State: Arkansas

First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: L080924-AR-AU-A/D

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto

Project Name/Number: Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Progressive Casualty Insurance Company	\$50.00	12/10/2008	24453803
Progressive Classic Insurance Company	\$0.00	12/10/2008	
Progressive Direct Insurance Company	\$0.00	12/10/2008	
Progressive Northwestern Insurance Company	\$0.00	12/10/2008	
Progressive Specialty Insurance Company	\$0.00	12/10/2008	
United Financial Casualty Company	\$0.00	12/10/2008	

SERFF Tracking Number:	PRGS-125905775	State:	Arkansas
First Filing Company:	Progressive Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	L080924-AR-AU-A/D		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto		
Project Name/Number:	Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/11/2008	12/11/2008

SERFF Tracking Number:	PRGS-125905775	State:	Arkansas
First Filing Company:	Progressive Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	L080924-AR-AU-A/D		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto		
Project Name/Number:	Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D		

## Disposition

Disposition Date: 12/11/2008  
Effective Date (New): 03/18/2009  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: PRGS-125905775 State: Arkansas

First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: L080924-AR-AU-A/D

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto

Project Name/Number: Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Comparison Document	Approved	Yes
Supporting Document	Readability Certificate	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Pet Injury Coverage Endorsement	Approved	Yes

SERFF Tracking Number: PRGS-125905775 State: Arkansas

First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: L080924-AR-AU-A/D

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto

Project Name/Number: Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pet Injury Coverage Endorsement	Z538	10/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:53.60 Z538 (05/07) Previous Filing #: AR-PC-07-025460	53.60	Z538.XX.1008.1c.pdf



## Pet Injury Coverage Endorsement

Your policy is amended as follows:

If **you** have purchased Collision coverage for at least one **covered auto** under **your** policy, Pet Injury coverage is added to Part IV – Damage To A Vehicle.

### INSURING AGREEMENT – PET INJURY COVERAGE

If **your pet** sustains injury or death while inside a **covered auto** or **non-owned auto** at the time of a loss covered under Collision or Comprehensive coverage, **we** will provide:

1. up to \$1,000 for reasonable and customary veterinary fees incurred by **you** or a **relative** if **your pet** is injured in, or as a direct result of, the covered loss; or
2. a \$1,000 death benefit if **your pet** dies in, or as a direct result of, the covered loss, less any payment **we** made toward veterinary expenses for **your pet**.

In the event of a covered loss due to the theft of a **covered auto** or **non-owned auto**, **we** will provide the death benefit provided **your pet** is inside that auto at the time of the theft and **your pet** is not recovered.

### ADDITIONAL DEFINITION

The following definition applies to this coverage:

**"Your pet"** means any dog or cat owned by **you** or a **relative**.

### LIMITS OF LIABILITY

The following additional Limits of Liability apply to Pet Injury coverage:

1. The most **we** will pay for all damages in any one loss is a total of \$1,000 regardless of the number of dogs or cats involved.
2. If **your pet** dies in, or as a direct result of, a covered loss, **we** will provide a death benefit of \$1,000, less any payment **we** made toward veterinary expenses for **your pet**.
3. No deductible shall apply to this coverage.

**All other terms, limits and provisions of this policy remain unchanged.**

<i>SERFF Tracking Number:</i>	<i>PRGS-125905775</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L080924-AR-AU-A/D</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto</i>		
<i>Project Name/Number:</i>	<i>Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125905775 State: Arkansas  
First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: L080924-AR-AU-A/D  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto  
Project Name/Number: Pet Injury Coverage Endorsement - Form Z538 (10/08)/L080924-AR-AU-A/D

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/11/2008

**Comments:**

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent.pdf

**Satisfied -Name:** Comparison Document **Review Status:** Approved 12/11/2008

**Comments:**

**Attachment:**

Z538.XX.1008.1r.pdf

**Satisfied -Name:** Readability Certificate **Review Status:** Approved 12/11/2008

**Comments:**

**Attachment:**

Readability Certificate for Z538 (10-08).pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 12/11/2008

**Comments:**

**Attachment:**

12-10-08 AR Z538 10-08 Cvr Ltr.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

[illegible]

5.	Company Tracking Number	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer				

**Filing information** (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)				
10.	Sub-Type of Insurance (Sub-TOI)				
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)				
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:		Renewal:	
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing				
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## Pet Injury Coverage Endorsement

Your ~~Auto~~ policy is amended as follows:

If **you** have purchased Collision coverage for at least one **covered auto** under **your** policy, ~~The following~~ Pet Injury Coverage is added to Part IV – Damage To A Vehicle.:

### INSURING AGREEMENT – PET INJURY COVERAGE

If ~~you have purchased Collision Coverage for at least one covered auto under your policy and~~ **your pet** sustains injury or death ~~while inside a as a result of a collision involving any covered auto or non-owned auto at the time of a loss covered under Collision or Comprehensive coverage, we will provide~~ **pay up to \$500 for:**

1. up to \$1,000 for reasonable and customary ~~veterinary fees~~ **costs** incurred by **you** or a **relative** if **your pet** is injured in, or as a direct result of, the covered loss ~~for veterinary fees arising from such collision;~~
2. a \$1,000 death benefit ~~your pet's replacement cost~~ if **your pet** dies in, or as a direct result of, the covered loss, less any payment **we** made toward veterinary expenses for **your pet** ~~the accident.~~

In the event of a covered loss due to the theft of a ~~—Pet Injury Coverage applies only if your pet is inside the covered auto or non-owned auto, we will provide the death benefit provided your pet is inside that auto at the time of the theft and your pet is not recovered~~ **collision.**

### ADDITIONAL DEFINITIONS

The following definitions ~~s applies~~ **apply** to this coverage:

1. ~~“Your pet” means any dog or cat owned by you or a relative.~~
2. ~~“Your pet's replacement cost” means the cost to replace the deceased dog or cat with one of like kind and quality. It does not include any amounts for veterinary bills, training, or any other amounts other than the cost to replace the pet itself.~~

### EXCLUSION

~~Pet Injury Coverage will not apply if loss to the vehicle carrying your pet is excluded under Part IV of your policy.~~

### LIMITS OF LIABILITY

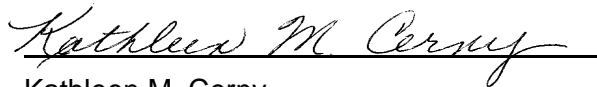
The following additional Limits of Liability apply to Pet Injury coverage:

1. The most **we** will pay for all damages ~~under Pet Injury Coverage with respect to~~ in any one ~~loss~~ **accident** is a total of \$1,000 ~~500~~ regardless of the number of dogs or cats ~~involved that are injured or die in that accident. The following additional provisions apply:~~
1. ~~If your pet is injured as a result of a covered accident, we will pay for all necessary medications and procedures prescribed by your pet's veterinarian for treatment of such covered injury.~~
2. If **your pet** dies in, or as a direct result of, a covered ~~loss~~ **accident**, **we** will **provide a death benefit of \$1,000, less any payment we made toward veterinary expenses for** ~~pay your pet's replacement cost whether your pet is actually replaced or not.~~
3. No deductible shall apply to this coverage.

**All other terms, limits and provisions of this policy remain unchanged.**

## READABILITY CERTIFICATE

We, Kathleen M. Cerny, Assistant Secretary of Progressive Casualty, Classic, Northwestern and Specialty Insurance Companies; Karen A. Kosuda, Assistant Secretary of Progressive Direct Insurance Company; and Margaret A. Rose, Assistant Secretary of United Financial Casualty Company, certify that the **Pet Injury Coverage Endorsement - Form Z538 (10/08)** achieved a score of **53.6** and complies with the readability requirements of the State of Arkansas when tested in accordance with the Flesch Reading Ease Test.



Kathleen M. Cerny  
Assistant Secretary  
Progressive Casualty Insurance Company  
Progressive Classic Insurance Company  
Progressive Northwestern Insurance Company  
Progressive Specialty Insurance Company

**Date:** December 10, 2008



Karen A. Kosuda  
Assistant Secretary  
Progressive Direct Insurance Company



Margaret A. Rose  
Assistant Secretary  
United Financial Casualty Company



December 10, 2008

**FILED VIA SERFF**

Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

**RE: Form Filing - 19.0001 Private Passenger Auto (PPA) - Our File # L080924-AR-AU-A/D**

<b>PROGRESSIVE CASUALTY INSURANCE COMPANY</b>	<b>(NAIC # 155-24260)</b>
<b>PROGRESSIVE CLASSIC INSURANCE COMPANY</b>	<b>(NAIC # 155-42994)</b>
<b>PROGRESSIVE DIRECT INSURANCE COMPANY</b>	<b>(NAIC # 155-16322)</b>
<b>PROGRESSIVE NORTHWESTERN INSURANCE COMPANY</b>	<b>(NAIC # 155-42919)</b>
<b>PROGRESSIVE SPECIALTY INSURANCE COMPANY</b>	<b>(NAIC # 155-32786)</b>
<b>UNITED FINANCIAL CASUALTY COMPANY</b>	<b>(NAIC # 155-11770)</b>

**Pet Injury Coverage Endorsement - Form Z538 (10/08)**

**SERFF Tracking # PRGS-125905775**

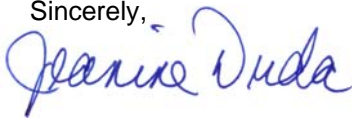
Included in this filing is the above-referenced form for your review and approval. The date we propose to begin using this form is March 18, 2009. We will notify you if this date changes. This form does not affect rates.

The Pet Injury Coverage Endorsement - Form Z538 (10/08) will replace the Pet Injury Coverage Endorsement - Form Z538 (05/07) that was approved for use on July 19, 2007, under your file # AR-PC-07-025460. The key changes to the endorsement are: 1) coverage is being increased from \$500 to \$1000, 2) the amount of the death benefit is \$1,000, regardless of the actual replacement cost of the pet; 3) coverage is being extended to stolen pets if the pet is inside a covered vehicle during the vehicle's theft; and 4) once the endorsement is added to a policy by purchasing Collision coverage, Pet Injury coverage will apply if the underlying loss is covered under Collision or Comprehensive coverage. A comparison document has been included to assist you in your review.

Also included are the required NAIC Property & Casualty Transmittal and a Readability Certificate for this form. The filing fee of \$50.00 is being submitted via EFT in SERFF.

If you have any questions or want to discuss this filing further, please call me at 1-800-321-9843, network extension 625-3756. Thank you for your attention to this filing.

Sincerely,



Jeanine Duda  
Senior Policy Form Specialist  
Direct: (440) 395-3756  
FAX: (440) 395-3790  
Email: Jeanine\_M\_Duda@progressive.com

JMD/aml